## Indiana State Police Methamphetamine Laboratory Occurrence Report 1 his form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9/6/10</u>	Address:	<u>CR 475 N</u>
Case #:	<u>96-05826</u>		<u>Delphi, IN</u>
County:	<u>Carroll</u>		<u>46923</u>
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location ( Residence Outbuilding Vehicle	check all that apply)  Illotel/Motel Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: open air			
☐ Hydrochloric Acid Gas Generator(s);			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip ommunity call
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: <u>Delphi VFD</u>		
Health Department: NA		Fax: <u>NA</u> Fax: NA	
Child Protection Service: NA			
For further information regarding this methamphotamine laboratory, contact Investigating Officer: L. Mote Phone 765-567-2125			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.